



Los Angeles County

**COLLEGE OF NURSING  
AND ALLIED HEALTH**

1237 North Mission Road, Los Angeles, California 90033

- ▶ School of Nursing
- ▶ Education & Consulting Services
- ▶ Allied Health Continuing Education

(323) 226-4911/6511

## CHANGE OF NAME AND/OR ADDRESS

Name: \_\_\_\_\_  
(As it appears on your current student records)

Please check and enter information for any or all of the following if different from your current student records.

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☐ Change **NAME** (submit appropriate paperwork)

New Name \_\_\_\_\_  
(Exactly how you want your name to appear on your School records)

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☐ Change **ADDRESS**

New Address \_\_\_\_\_  
\_\_\_\_\_

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☐ Change **TELEPHONE #**

New Home Phone #: \_\_\_\_\_

New Cell Phone # \_\_\_\_\_

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☐ Change **E-MAIL**

New e-mail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_